

Docket No.: M4065.0713/P713
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Peter P. Altice, Jr., et al.

Confirmation No.: 4469

Application No.: 10/653,971

Art Unit: 2621

Filed: September 4, 2003

Examiner: Not Yet Assigned

For: METAL MASK FOR LIGHT INTENSITY
DETERMINATION AND ADC
CALIBRATION (As amended)

FIRST PRELIMINARY AMENDMENT

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

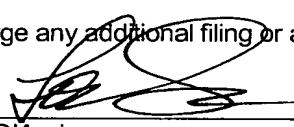
Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.



JPW

AMENDMENT TRANSMITTAL LETTER			Docket No. M4065.0713/P713	
Application No. 10/653,971-Conf. No. 4469	Filing Date September 4, 2003	Examiner Not Yet Assigned	Art Unit 2621	
Applicant(s): Peter P. Altice, Jr., et al.				
Invention: METAL MASK FOR LIGHT INTENSITY DETERMINATION				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	24	- 24 =		x
Independent Claims	3	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
<div style="text-align: center;"> _____ Thomas J. D'Amico Attorney Reg. No.: 28,371</div>			Dated: <u>June 15, 2004</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2232				